The demand must be files with the competent International Preliminary Examining Authors for or more Authorities are competent, with the one chosen by the canal. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/EP

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

F-	or International Prelimina	y Examining Authorit	ty use only		
Identification of IPEA		Date of receipt of D	Date of receipt of DEMAND		
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		APPLICATION	Applicant's or agent's file reference A3232.WO195		
International application No. PCT/IB03/03177	International filing date (day/month/year) 14 July 2003 (14.07.2003)		(Earliest) Priority date (day/month/year) 25 July 2002 (25.07.2002)		
Title of invention A system for forming cor	ntainers, in par	rticular cont	ainers for food products		
Box No. II APPLICANT(S)	•				
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)			Telephone No.		
AZIONARIA COSTRUZIONI MACCHINE AUTOMATICHE A.C.M.A. S.p.A.		Facsimile No.			
Via Cristoforo Colombo, 1 40131 BOLOGNA			Teleprinter No.		
ITALY			Applicant's registration No. with the Office		
tate (that is, country) of nationality: TALY State (that is, country) ITALY		ry) of residence:			
Name and address: (Family name followed by BOLDRINI Fulvio Via Zerbinati, 11 44100 FERRARA ITALY	given name; for a legal entity, fi	ull official designation. The	address must include postal code and name of country.)		
State (that is, country) of nationality: ITLAY		State (that is, countr ITALY	y) of residence:		
Name and address: (Family name followed by GHIOTTI Roberto Via Togliatti, 4 40050 CALDERINO DI MON ITALY			address must include postal code and name of country.)		
State (that is, country) of nationality: ITALY		State (that is, country)	of residence:		
Further applicants are indicated on	a continuation sheet.				

Sheet No. .2.

International application No. PCT/IB03/03177

Continuation of Box No. II APPLICANT(S)		
If none of the following sub-boxes is used, this sheet should not be included in the demand.		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) CAVALLARI Stefano Via del Meloncello, 5 40135 BOLOGNA ITALY		
State (that is, country) of nationality:	State (that is, country) of residence:	
Name and address: (Family name followed by given name; for a legal entity, fu	l official designation. The address must include postal code and name of country.)	
State (that is, country) of nationality:	State (that is, country) of residence:	
Name and address: (Family name followed by given name; for a legal entity, full	official designation. The address must include postal code and name of country.)	
State (that is, country) of nationality:	State (that is, country) of residence:	
Name and address: (Family name followed by given name; for a legal entity, ful	official designation. The address must include postal code and name of country.)	
State (that is, country) of nationality:	State (that is, country) of residence:	
Further applicants are indicated on another continuation sheet.		

Form PCT/IPEA/401 (continuation sheet) (January 2004)

See Notes to the demand form

Sheet No. .3.

International application No. PCT/IB03/03177

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE		
DUTY, III AGENT ON COMMON REI RESENTATIVE, ON ADDRESS FOR CO	NACEST ONDENCE	
The following person is agent common representative		
and 🗶 has been appointed earlier and represents the applicant(s) also for international pr		
is hereby appointed and any earlier appointment of (an) agent(s)/common represe	ntative is hereby revoked.	
is hereby appointed, specifically for the procedure before the International Prelim the agent(s)/common representative appointed earlier.	inary Examining Authority, in addition to	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	Telephone No.	
	051 6583311	
LANZONI Luciano c/o BUGNION S.p.A.	Facsimile No.	
Via Goito, 18	051 6583400 Teleprinter No.	
I-40126 BOLOGNA	receptance ivo.	
	Agent's registration No. with the Office	
Address for correspondence: Mark this check-box where no agent or common a space above is used instead to indicate a special address to which correspondence	representative is/has been appointed and the should be sent.	
Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION		
Statement concerning amendments:*	·	
1. The applicant wishes the international preliminary examination to start on the basis of	÷	
the international application as originally filed		
the description X as originally filed		
as amended under Article 34		
the claims X as originally filed		
as amended under Article 19 (together with any accompanyin	g statement)	
as amended under Article 34		
the drawings X as originally filed		
as amended under Article 34		
2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.		
3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).		
4. The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).		
· · · · · · · · · · · · · · · · · · ·		
* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.		
Language for the purposes of international preliminary examination: ENGLISH		
which is the language in which the international application was filed.		
which is the language of a translation furnished for the purposes of international search.		
which is the language of publication of the international application.		
which is the language of the translation (to be) furnished for the purposes of international preliminary examination.		
Box No. V ELECTION OF STATES		
The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the		
PCT.		

Chaut No.

international	application	No.
	100477	

Box No. VI CHECK LIST			•		
The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination: For International P Examining Authori received n					
1. translation of international application	:	:	sheets		
2. amendments under Article 34	;		sheets		
 copy (or, where required, translation) of amendments under Article 19 	:	,	sheets		
 copy (or, where required, translation) of statement under Article 19 	:	;	sheets		
5. letter	:	:	sheets		
6. other (specify)	:	:	sheets		
The demand is also accompanied by the item(s) mark	ed below:		·		
1. X fee calculation sheet		5 stat	ement explai	ning lack of signatu	re
2. original separate power of attorney		6. seq	uence listing	in computer readab	le form
3. original general power of attorney	·		les in comput uence listing	er readable form rel	ated to a
4. copy of general power of attorney; reference number, if any:			er (specify):		
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand). (Luciano LANZONI) - Agent					
For International	al Preliminary I	Examining A	authority use	only —	
Date of actual receipt of DEMAND:					
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):					
3. The date of receipt of the demand is Al expiration of 19 months from the priority item 4 or 5, below, does not apply.		6.	expiration of		and is AFTER the Rule 54bis.1(a) and ly.
The applicant has been informed ac 4. The date of receipt of the demand is WITHI	N the time	7.			is WITHIN the time attended by virtue of
limit of 19 months from the priority date as by virtue of Rule 80.5. 5. Although the date of receipt of the demand expiration of 19 months from the priority delay in arrival is EXCUSED pursuant to	is after the y date, the	8	expiration of	e date of receipt of th f the time limit under val is EXCUSED pr	te demand is after the r Rule 54 <i>bis</i> .1(a), the arsuant to Rule 82.
For International Bureau use only					
Demand received from IPEA on:					

Form PCT/IPEA/401 (last sheet) (January 2004)

See Notes to the demand form



CHAPTER II

FEE CALCULATION SHEET

Annex to the Demand

	For International Preliminary Examining Authority use only
International application No. PCT/IB03/03177	
Applicant's or agent's file reference A3232.WO195	Date stamp of the IPEA
Applicant	
AZIONARIA COSTRUZIONI MACCHINE AU	FOMATICHE
A.C.M.A. S.p.A. et al.	
CALCULATION OF PRESCRIBED FEES	
Preliminary examination fee	€ 1.530,00 P
2. Handling fee (Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.) 3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	€ 129,00 H € 1.659,00 TOTAL
MODE OF PAYMENT	
authorization to charge deposit cash account with the IPEA (see below)	
cheque revenue sta	mps .
postal money order coupons	
bank draft other (spec	<i>ify):</i>
A VITTA ON THE CONTROL OF THE CONTRO	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT AS (This mode of payment may not be available at all IPEAs)	CCOUNT IPEA/EP
[52] A. a	
Authorization to charge the total fees indicated above.	Deposit Account No.: 28070083
(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to	Date: February 18, 2004
charge any deficiency or credit any overpayment in the total fees indicated above.	Name: LANZONI Luciano
Com rees indicated above.	Signature:

Form PCT/IPEA/401 (Annex) (January 2004)

See Notes to the fee calculation sheet